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TITLE: Developing a Meaningful Life: Social Reintegration of Service-Members and Veterans with Spinal Cord Injury

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14. ABSTRACT <p>Spinal cord injuries now occur in nearly one quarter of the casualties from the conflicts in Afghanistan and Iraq. We know our military treatment facilities are seriously challenged by these casualties for several reasons including co-morbidities associated with blast injuries and the lengthy rehabilitation required. We also now know medical treatments that promise to return the fractured bodies to approximate pre-injury function. Yet, we lack basic knowledge of the long-term outcomes defined as personally and socially meaningful by survivors and families who are seeking to heal the fractured relationships with valued communities. This gap limits our ability to deliver on the promise given by advances in battlefield trauma care and rehabilitation which is to enable a return to full lives in the community (Messinger 2010; Luborsky 1993, 1994a).</p> <p>Today's problem is that acute care treatments for the physical break are not matched by knowledge of how survivors continue life, conceptualize SCI and return to a full life. The US Surgeon General (DHHS 2004) faults the literatures' narrow incident-based focus on acute medical events and neglect of ongoing processes after events; this narrowness neglects how people return to a valued life with disability(Verbrugge& Jette 1994). Yet, consensus is emerging that long-term outcomes are the next frontier (IOM 2005, WHO 2001) requiring us to ask new questions and use methods suited to cultural meanings and roles (Lysack et al 2007; Messinger 2010). An ample literature documents negative outcomes from inadequately treating the social and personal afflictions after SCI and other mobility loss. Thus, the hard earned knowledge of physical skills for living with altered bodies remains unmatched by societal practices to equip people with a culturally meaningful sense of community needed to thrive. We argue the time is ripe to discover the ways people with SCI create a sense of connection to meaningful communities and cultural identities that is key to long-term success.</p>					
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Introduction:

Spinal cord injuries now occur in nearly one quarter of the casualties from the conflicts in Afghanistan and Iraq. We know our military treatment facilities are seriously challenged by these casualties for several reasons including co-morbidities associated with blast injuries and the lengthy rehabilitation required. We also now know medical treatments that promise to return the fractured bodies to approximate pre-injury function. Yet, we lack basic knowledge of the long-term outcomes defined as personally and socially meaningful by survivors and families who are seeking to heal the fractured relationships with valued communities. This gap limits our ability to deliver on the promise given by advances in battlefield trauma care and rehabilitation which is to enable a return to full lives in the community (Messinger 2010; Luborsky 1993, 1994a).

Today's problem is that acute care treatments for the physical break are not matched by knowledge of how survivors continue life, conceptualize SCI and return to a full life. The US Surgeon General (DHHS 2004) faults the literatures' narrow incident-based focus on acute medical events and neglect of ongoing processes after events; this narrowness neglects how people return to a valued life with disability (Verbrugge & Jette 1994). Yet, consensus is emerging that long-term outcomes are the next frontier (IOM 2007, WHO 2001) one which require us to ask new questions and use methods suited to cultural meanings and roles (Lysack et al 2007; Messinger 2010). An ample literature documents the negative outcomes from not adequately treating the social and personal afflictions after SCI, and other mobility loss. Thus, the hard earned knowledge of physical skills for living with altered bodies remains unmatched by societal practices to equip people with a culturally meaningful sense of community needed to thrive. We argue the time is ripe to discover the ways people with SCI create a sense of connection to meaningful communities and cultural identities that is key to long-term success.

Body:

This project was approved for funding in September 2011. The principal investigators initiated applications to their university HIC/IRB boards for human subjects research approval in accordance with established requirements of the funding agency for the two sites to submit protocols to their respective IRBs. UMBC's IRB initially approved the protocol on October 25, 2011 with final approval after CDMRP requested changes came in late April 2012. Wayne State University's IRB gave final approval to their study on April 17, 2012. We received word from Lori Walther at CDMRP that we had approval to begin our project in May 2012. Following receipt of the IRB approval from CDMRP we inaugurated the next stage in research startup.

In the first four months of research activities UMBC and WSU met the goals laid out in the SOW. These include:

- Hired and Trained Research Assistant Staff members (one at each site)
- Updated literature reviews for relevant research findings and methods
- Training of team members in ethnographic methods of research and analysis
- Develop and refined interview guide
- Organize the community panel
- Initiated collaboration with recruitment sources and sites
- Recruit participants (we have recruited 3)
- Initiate interviews.
- PIs at UMBC and WSU conducted regular meetings via phone and email

To be done

- Distribute interview guide to community advisory board (CAB) panel for feedback

Key Research Accomplishments:

Research activities began in June 2012. To this date our research accomplishments have included:

- Hired and Trained Research Assistant Staff members (one at each site)
- Training of team members in ethnographic methods of research and analysis
- Updated literature reviews for relevant research findings and methods
- Develop and refined interview guide
- Organize the community panel
- Recruit participants (we have recruited 3)
- Initiate interviews.
- PIs at UMBC and WSU conducted regular meetings via phone and email

Reportable Outcomes

At this point there are no reportable outcomes from research activities.

Conclusions

Recruitment for this study has been challenging. We have initiated collaborative relationships with multiple chapters of the Paralyzed Veterans of America. Furthermore, and in line with our recruitment and sampling strategies, we have accessed the networks of our currently recruited participants in order to meet our sample requirements.

References

Institute of Medicine. (2007). *The Future of Disability in America: Assessing the role of rehabilitation science and engineering*. New York: Academy of Medicine Press.

Luborsky, M. 1993. The Romance With Personal Meaning In Gerontology: Cultural Aspects Of Life Themes. *The Gerontologist*, 33(4), 350-354.

Luborsky, M. 1994a. The Cultural Adversity of Physical Disability: Erosion of Full Adult Personhood. *Journal of Aging Studies*, 8(3), 239-253.

Lysack, C., Komanecky, M., Kabel, A., Cross, K., & Neufeld, S. (2007). Environmental factors and their role in community integration after spinal cord injury. *Canadian Journal of Occupational Therapy*, 74, 243-254.

Messinger, S 2010. Getting Past the Accident: Explosive Devices, Limb Loss, and Refashioning a Life in a Military Medical Center. *Medical Anthropology Quarterly*, 24(3), 281-303.

Verbrugge, L., & Jette, A. (1994). The disablement process. *Social Science and Medicine*, 38(1), 1-14.

World Health Organization (WHO). (2001). *International Classification of Functioning, Disability and Health – ICF*. Geneva, Switzerland: